



City of Fairfax Fire Department
Office of Code Administration

Modification Request

Date:	Permit #
Location of Building:	
Building Owner:	
Applicant:	
Address:	Telephone #

Building Description

New <input type="checkbox"/> Existing <input type="checkbox"/>	Area of the First Floor	Fully Sprinklered? Yes___ No___
Stories Above Grade	Location/floor involved and area sqft	
Height in feet	Code Edition	Type of Construction
Use Group and description of use		

Code Section & Requirement to be Modified

Modification (Alternative to requirement)

Supporting Statement & Data (Attached additional Sheets if required)

Owner/Applicant	Date:

Staff recommendation and/or comments

Director/Building Official & Fire Official

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature:	Date:
Comments		